172 NAC 5 – Regulations Governing Mandatory Reporting by Health Care Professionals, Facilities, Peer and Professional Organizations and Insurers **Summary of Mandatory Reporting Requirements** ✓ Must be reported in writing within 30 days of occurrence/action ✓ Immune from criminal or civil liability (except self) ✓ Must have first hand knowledge. **WHAT TO REPORT*	WHO IS TO REPORT
1. Practice without License.	All Professionals
 Gross Incompetence. Pattern of Negligent Conduct. Unprofessional Conduct. Practice while Impaired by Alcohol/Drugs or Physical, Mental, or Emotional Disability. Violations of Other Regulatory Provisions of the Profession. 	All Professionals report Others of the SAME Profession*
7. Gross Incompetence.8. Practice while Impaired by Alcohol/Drugs or Physical, Mental, or Emotional Disability.	All Professionals report Others of a DIFFERENT Profession*
9. Loss of Voluntary Limitation of Privileges	All ProfessionalsSelf-Reporting
17. Payments made due to Adverse Judgement, Settlement, or Award. 18. Adverse Action affecting privileges or memberships. *** See above	Health Facilities, Peer Review Organizations, and Professional Association
 19. Violation of Regulatory Provisions Governing a given Profession. ** 20. Payments made due to Adverse Judgement, Settlement, or Award. 21. Adverse Action affecting coverage. 	Insurers
22. Convictions of Felony or Misdemeanor involving Use, Sale, Distribution, Administration, or Dispensing controlled substances, Alcohol or Chemical Impairment, or Substance Abuse.23. Judgements from claims of professional liability.	Clerk of County or District Court
* Exceptions to reporting are: 1) If you are a spouse of the practitioner, 2) If you are providing treatment which means information is protected by a practitioner-patient relationship (unless a danger to the public), 3) When a chemically	Send Written Report To:

information is protected by a practitioner-patient relationship (unless a danger to the public), 3) When a chemically impaired professional enters the Licensee Assistance Program, 4) When serving as a committee member or witness for a peer review activity.

** Unless knowledge is based on confidential medical records.

Send Written Report To: Investigations Division P O Box 95164 Lincoln, NE 68509-5164